

Name
in
Full

Maggie E. Adams

CERTIFICATE OF DEATH

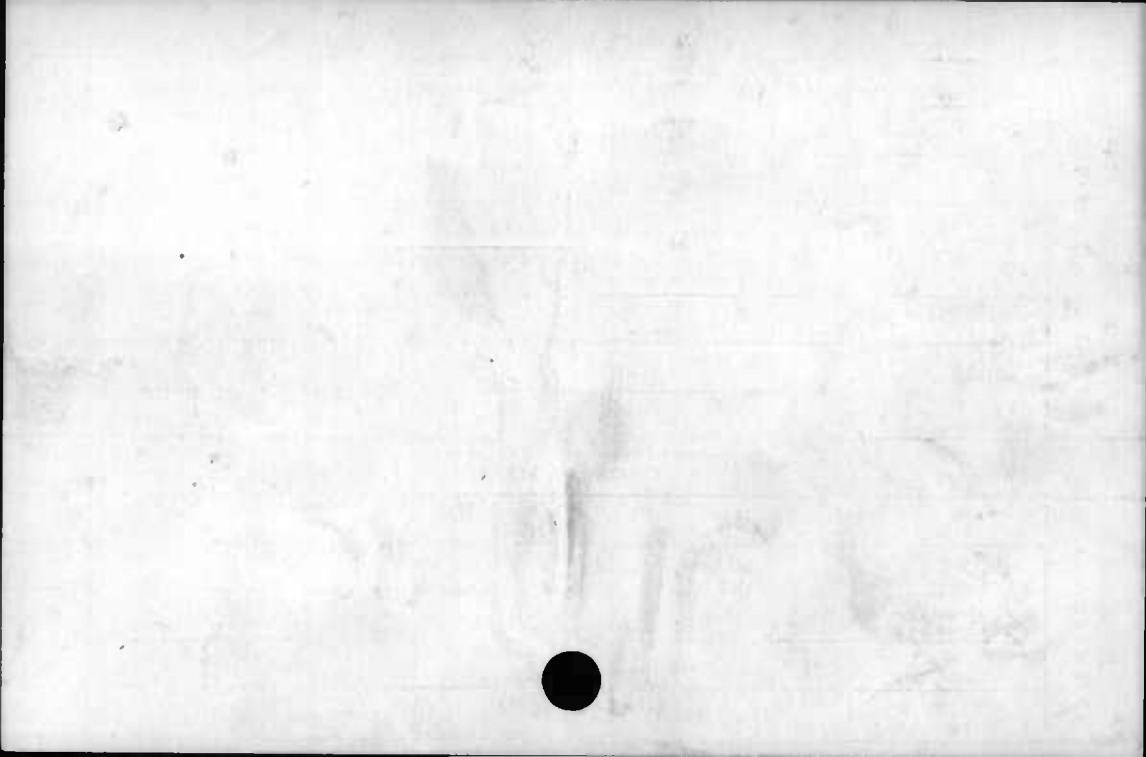
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Westover		County Som.		MARYLAND	
Date of death	1906	Month Apr.	Day 22	Age	Years 20	Months 2	Days 27
Sex	M		Color or Race	White		Birth- place	Fairmount
Occupation	Housewife			Where Residing if not at place of death.			
Married, Single or Widowed	Married		Name of Wife or Husband	Thomas Adams			
Father's Name	Edward Milligan				Father's Birthplace	Fairmount	
Mother's Maiden Name	Charlotte E. Milligan				Mother's Birthplace	Fairmount	
Name of person giving Information	Husband				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	(40)	How long
Immediate		How long
Neuralgia of heart		1/2 h.
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
		Moanabin
Accident or Suicide?		Med.



Name in Full

Certificate of Death

Town

County

Died at

MARYLAND

Date 19

Month

Day

Age

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

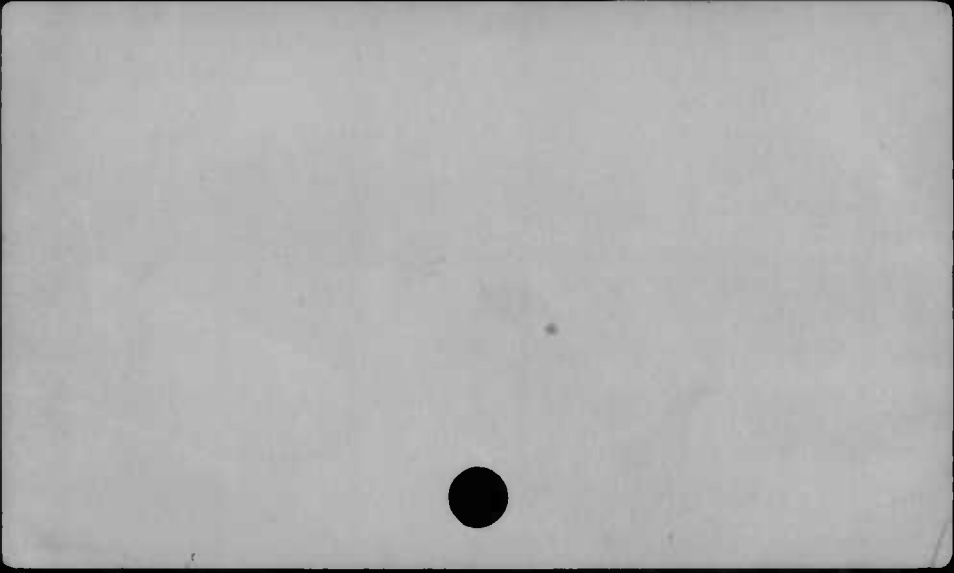
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 70808



Name
in
Full

CERTIFICATE OF DEATH

Levin Anderson

MARYLAND

Died at *Real Island* ^{Town}

Somerset ^{County}

Date of death *1906 Apr*

Day *2*

Age *10*

Months *10*

Days *—*

Sex *male*

Color or Race *white*

Birth-place *Real Island*

Occupation *—*

Where Residing if not at place of death *Real Island*

~~Married~~ Single *single*

Name of Wife or Husband *—*

Father's Name *Thomas Anderson*

Father's Birthplace *Real Island*

Mother's Maiden Name *Kate Webster*

Mother's Birthplace *Real Island*

Name of person giving information

How related to deceased

CAUSES OF DEATH

Primary *Broncho - Pneumonia*

How long *2 weeks*

Immediate *Arterial*

How long *4-6 days*

Are the name, age, sex, color, date and place correctly given above?

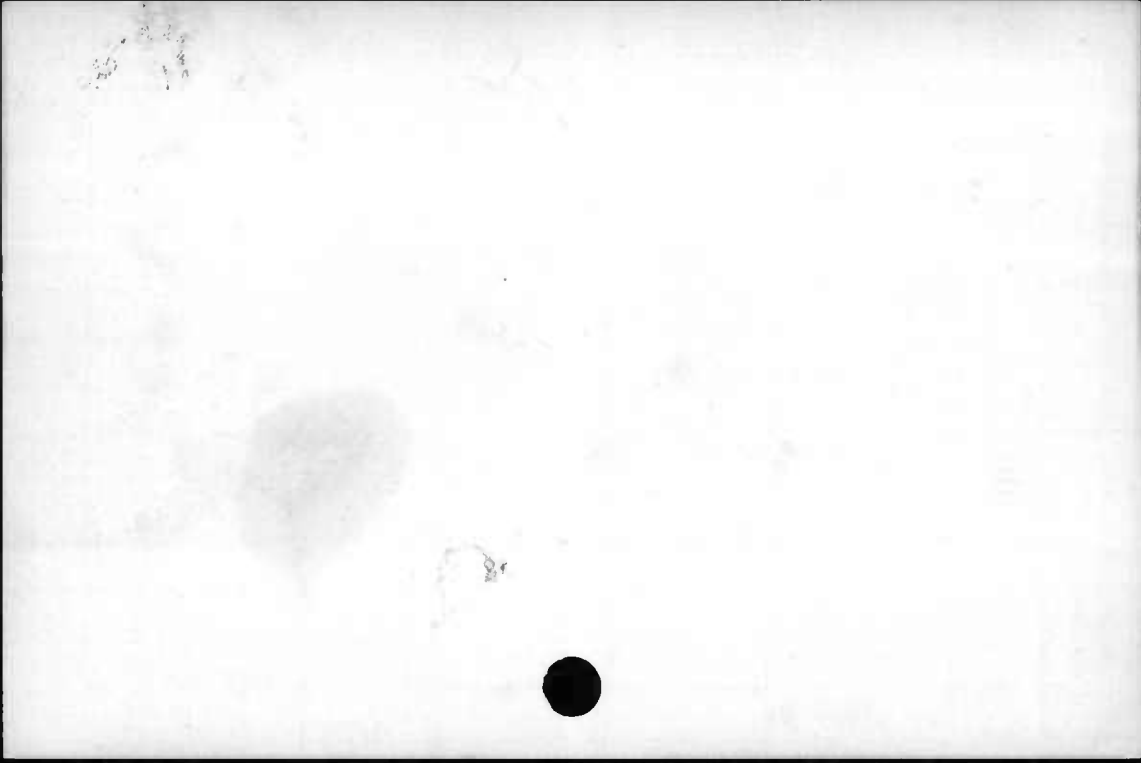
Signature of Physician *J. C. Alexander*

Address *Somerset Co.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

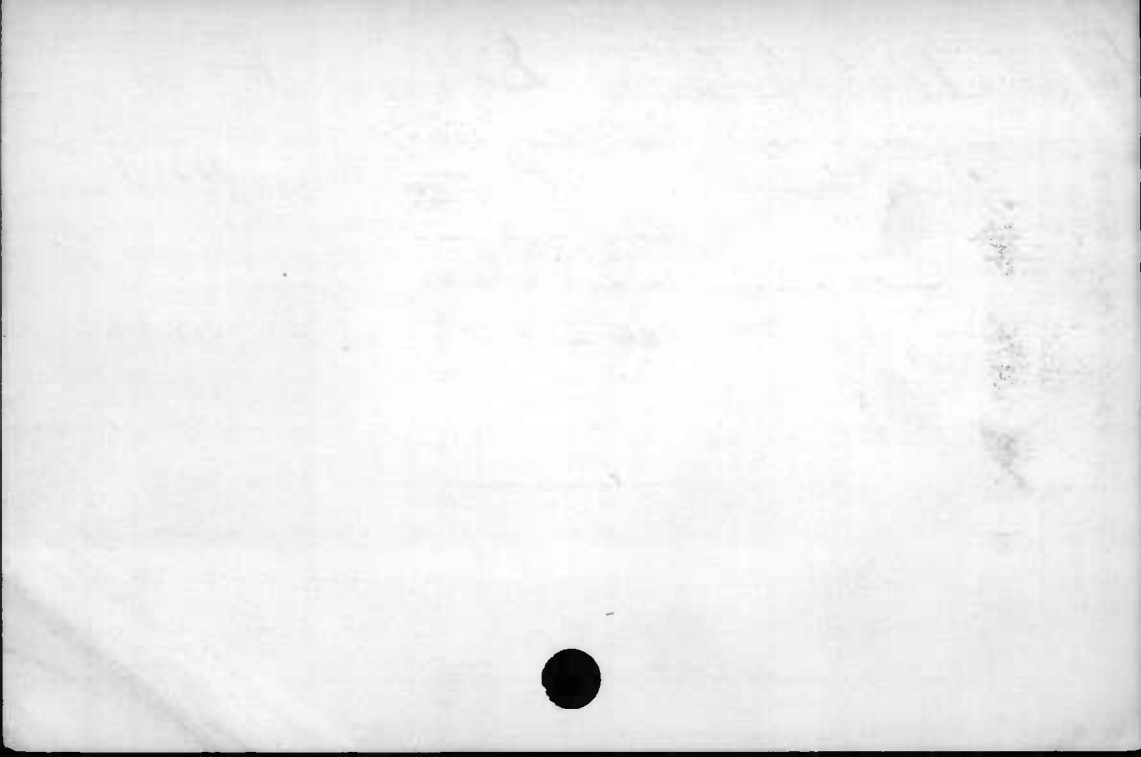
TO BE ANSWERED BY
NEAREST FRIEND

Died at Deal Island Town		Somerset County		MARYLAND	
Date of death	1904	Month	4	Day	22
Sex	Male	Color or Race	White	Age	45
Occupation			Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Ellen Collier		
Father's Name	Geo Collier			Father's Birthplace	Md
Mother's Maiden Name	Ellen Benton			Mother's Birthplace	Md
Name of person giving information	Hella H. Dardhield			How related to deceased	Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	15 years
Immediate	Asthma	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?	Yes		
Signature of Physician	J. E. Alexander		
Address	Somerset		
Accident or Suicide?	No		



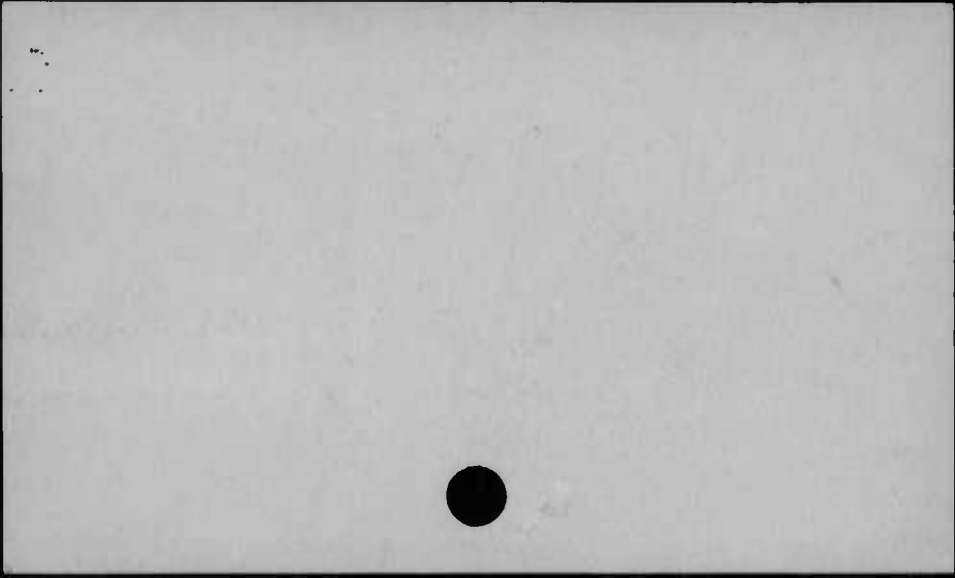
Died at *Mr. Fannie C. of*
 Town *Farmington* County *Somerset* MARYLAND
 Date *1926* Month *April* Day *10* | Age *34* Y. *+* M. *13* D. | Native of *Maryland* Occupation *housewife*
~~Male~~ White Married Widowed Divorced
 Female Colored Single Widower Number of children living *3*

Husband of *Edward C. C. Jr.*
 Wife *Thomas E. Ford*
 Father's Name *Thomas E. Ford* Mother's Name *Margaret Jane*

Cause of Death { Primary *Typhoid fever* 1
 Immediate *15 days*
 How long sick *15 days*
 Accident, Suicide, Homicide

Reported by *Dr. E. S. Miles*
 Address *Farmington* [Redacted] *Somerset Co, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

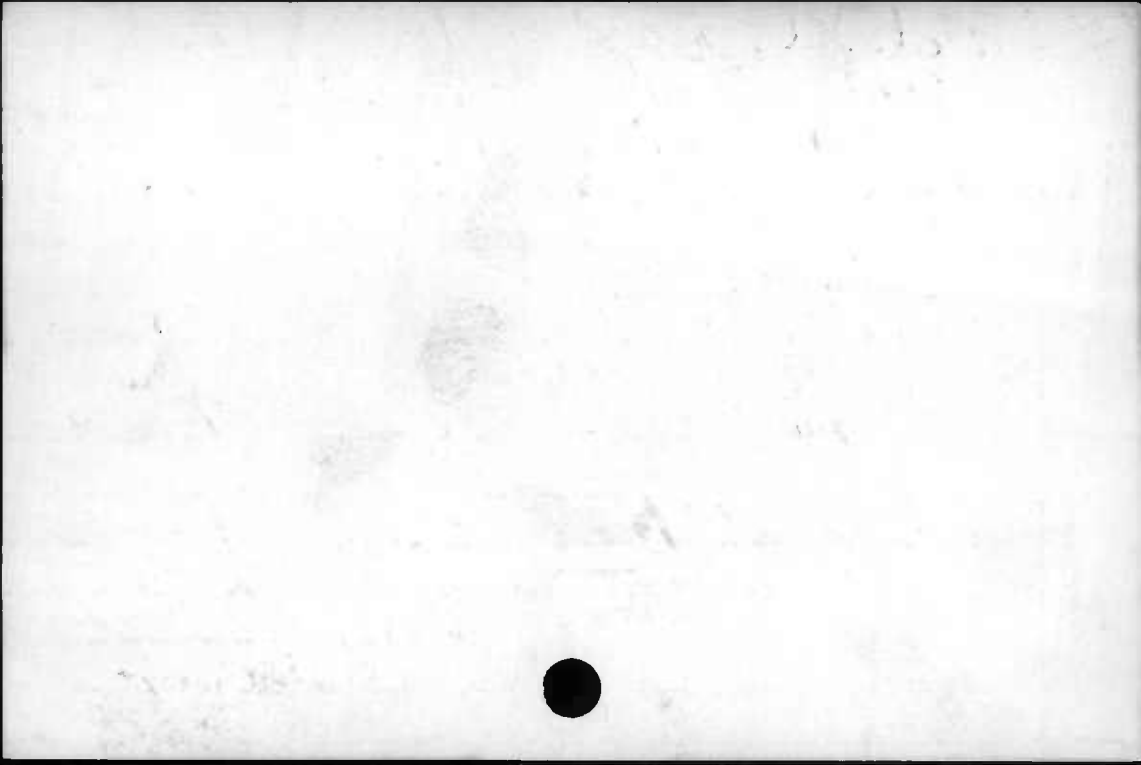
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Sneece, A. Dashields</i>		Town <i>Deal Island</i>		County <i>Somerset</i>		MARYLAND	
Died at <i>Deal Island</i>		Month <i>4</i>		Day <i>25</i>		Age <i>1</i> Years <i>1</i> Months <i>25</i> Days <i>25</i>	
Date of death <i>1909</i>		Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>md</i>	
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Mat Dashields</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Kittie Wallace</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>Mat Dashields</i>		<i>(92)</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bronch. Pneumonia</i>	How long <i>1 wk</i>
Immediate <i>Asphyxia</i>	How long <i>2 or 3 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. G. Alexander</i>
	Address <i>Somerset Co.</i>
Accident or Suicide?	



Name
in
Full

Victoria Hayward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Union</i>		Town		<i>Somerset</i>		County		LEO		MARYLAND	
Date of death <i>1906 April 18</i>		Month		Day		Age <i>8</i>		Years		Months <i>10</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Union</i>		Occupation		Where Residing if not at place of death <i>Union</i>			
Married, Single or Widowed				Name of Wife or Husband							
Father's Name						Father's Birthplace <i>Eliz. Hayward</i>					
Mother's Maiden Name						Mother's Birthplace <i>Wm. Hayward</i>					
Name of person giving information <i>Eliz. Hayward</i>						How related to deceased <i>Mother</i>					

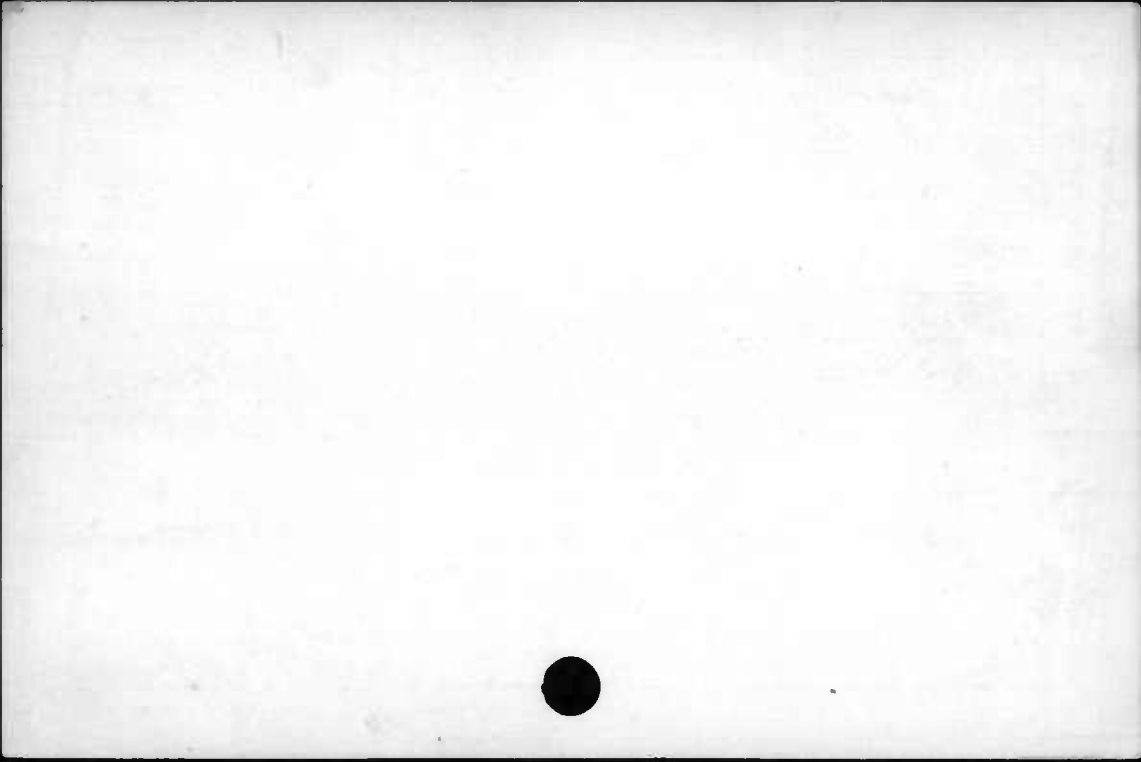
CAUSES OF DEATH

PHYSICIAN
OR CORONER

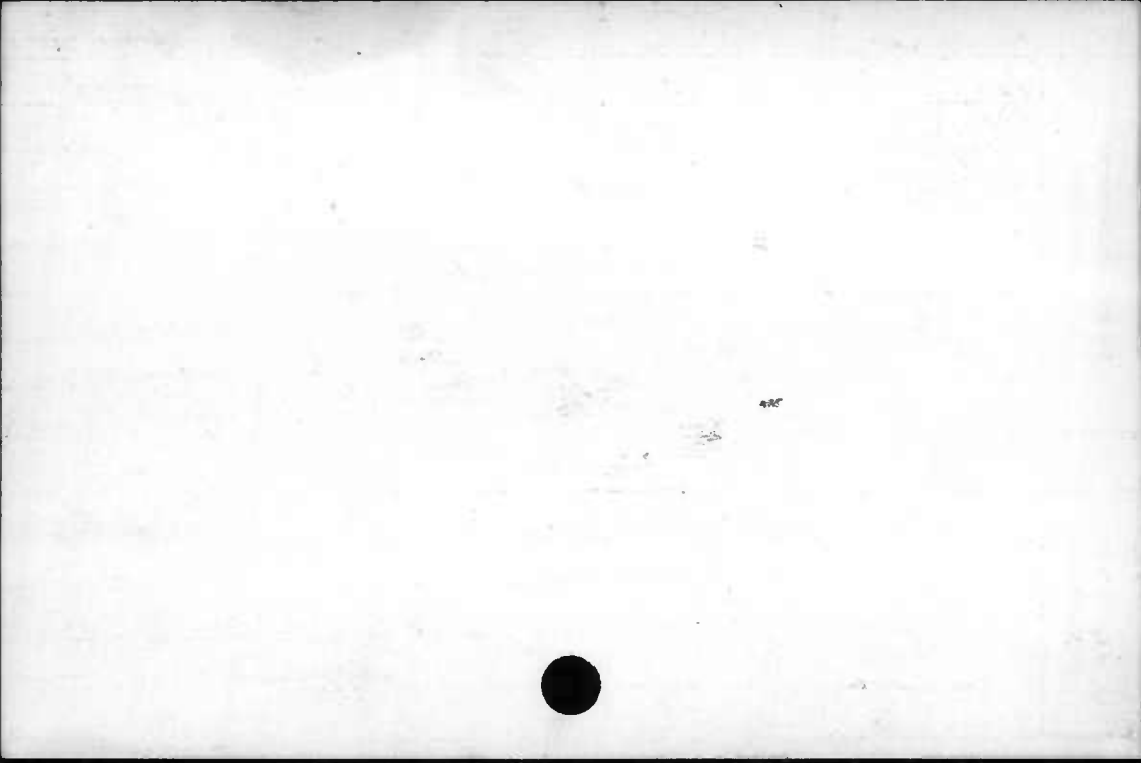
Primary <i>Tuberculosis</i>		How long <i>4 weeks</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Jas. J. Daniels</i>	
		Address <i>Princess Anne</i>	
Accident or Suicide?			

Dr. Fisher

Name in Full		Trussell Pinkie Horner				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND	
	Deals Island		Somerset					
	Date of death		Month	Day	Age	Years	Months	Days
	1906		4	19	6			
	Sex	Color or Race		Birth-place				
	Female	White		md				
	Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband					
Single								
Father's Name			Father's Birthplace					
Theodore Horner			md					
Mother's Maiden Name			Mother's Birthplace					
Eva J. Webster			md					
Name of person giving information			How related to deceased					
Eva J. Webster			Mother					
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		How long					
	Whooping Cough		5 weeks					
	Immediate		How long					
	Bronchitis-Pneumonia		2 weeks					
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
Yes		S. J. Webster, M.D.						
		Address						
		Daniel Quarter						
		Somerset Co., Md.						
Accident or Suicide?								
No								



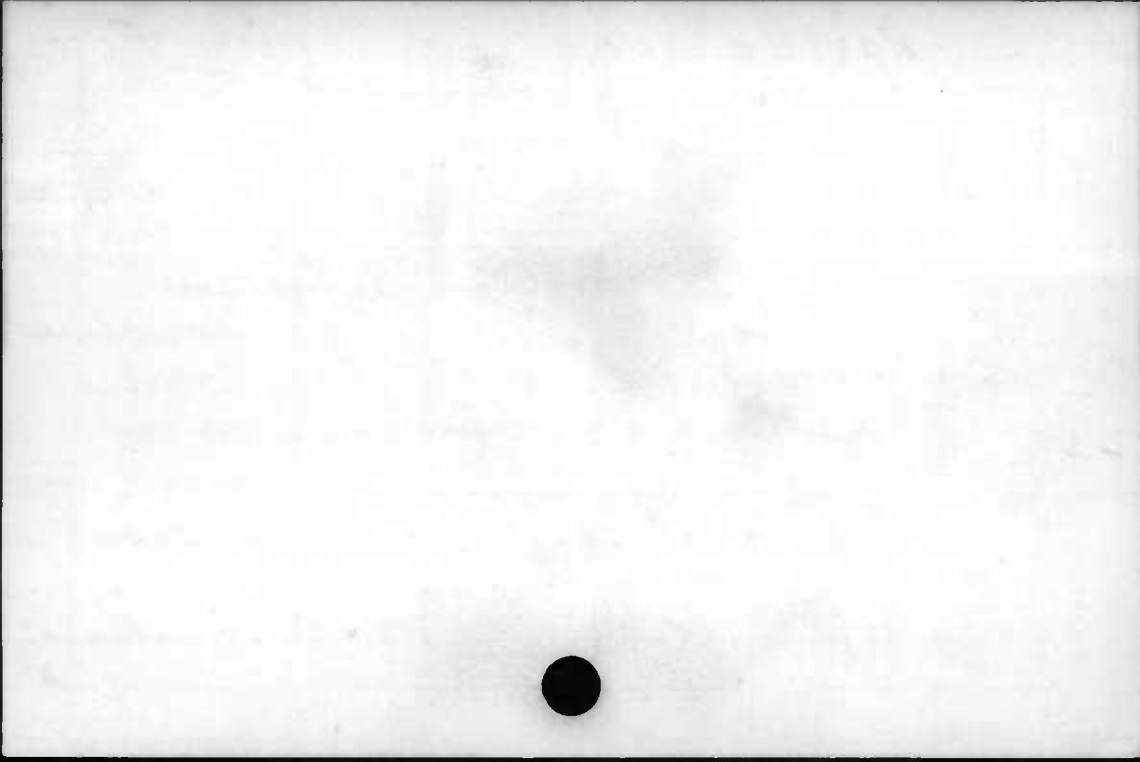
Name in Full Garrison Jones		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Chance <small>Town</small>		Somerset <small>County</small>
	Date of death 1906 <small>Month</small> apr <small>Day</small> 5th <small>Years</small> 10		MARYLAND <small>Months</small> <small>Days</small>
	Sex male	Color or Race Colored	Birth-place Somerset Co.
	Occupation —	Where Residing if not at place of death —	
	Married, Single or Widowed —	Name of Wife or Husband —	
	Father's Name John R. Jones	Father's Birthplace Som. Co.	
Mother's Maiden Name Hester Gale	Mother's Birthplace Som. Co.		
Name of person giving information John R. Jones	How related to deceased Father		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Enteritis	How long 3 mos.	Signature of Physician S. J. Wadsworth M.D. Address Somerset Co., Md.
	Immediate Asthma	How long	
	Are the name, age, sex, color, date and place correctly given above? yes		
	Accident or Suicide?		



Name In Full		<i>Harriet Loukford</i>				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Marion</i>		Town		County <i>Somerset</i>	
		Date of death <i>1906 April 20</i>		Month		Day	
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Somerset Co.</i>	
		Occupation <i>House wife</i>		Where Residing if not at place of death <i>Marion</i>			
		Married, Single or Widowed		Name of Wife or Husband <i>Isaac S. Loukford</i>			
Father's Name <i>Benjamin Loukford</i>		Father's Birthplace <i>Don't know</i>					
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Don't know</i>					
Name of person giving information <i>Benj. Green</i>		How related to deceased <i>Son in law</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Old age</i>		How long <i>1 year</i>			
		Immediate <i>Heart failure</i>		How long <i>few hours</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Emory C. Bell</i>			
				Address <i>Marion Md.</i>			
		Accident or Suicide?					



Name in Full		Lilly Booth Northern				CERTIFICATE OF DEATH	
		Town		County		MARYLAND	
Died at		Deal Island Somerset					
Date of death		190	Month	Day	Years	Months	Days
		6	Apr.	18	Age	16	
Sex		Female		Color or Race		white	
Occupation				Where Residing if not at place of death		Deal Island	
Married, Single or Widowed		single		Name of Wife or Husband			
Father's Name		John E. Northern				Father's Birthplace	
						Virginia	
Mother's Maiden Name		Sarah E. Corbett				Mother's Birthplace	
						Maryland	
Name of person giving information		John E. Northern				How related to deceased	
						Father	
		CAUSES OF DEATH					
Primary		Lobar Pneumonia				How long	
						9 days	
Immediate		Aspiration				How long	
						3 days	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		S. G. Cleyahar	
				Address		Somerset	
Accident or Suicide?							



Name
in
Full

Martha Robertson

CERTIFICATE OF DEATH

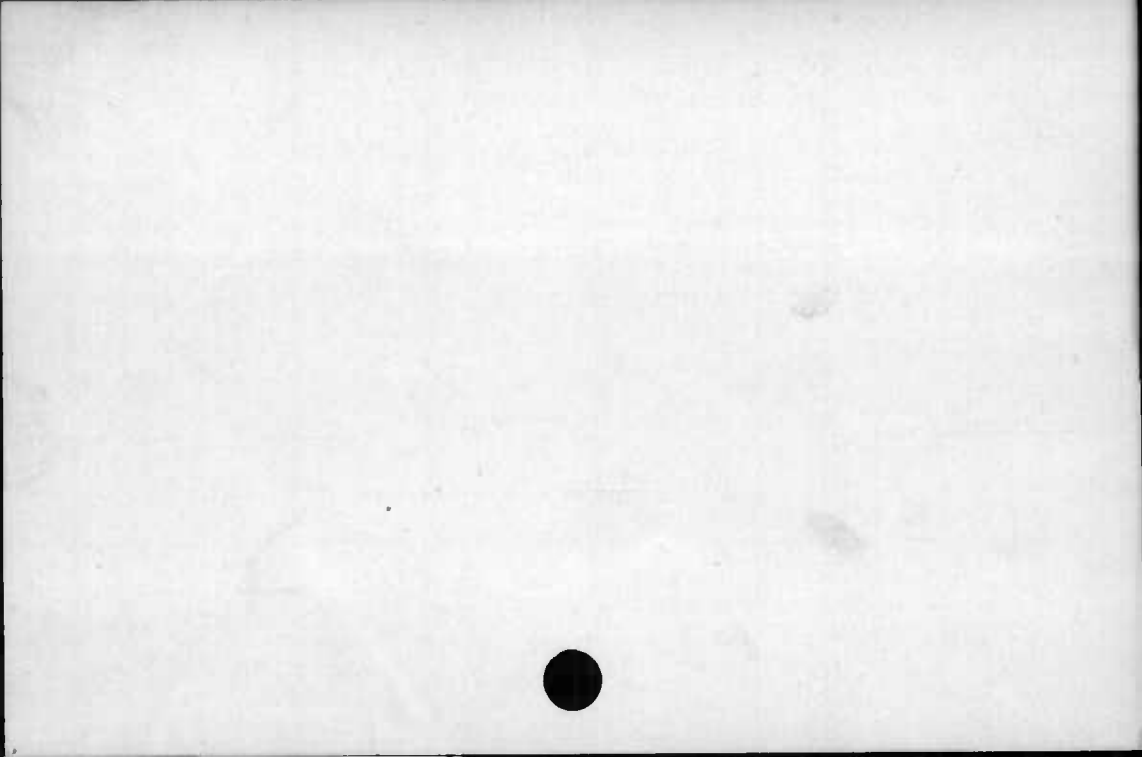
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Kingston</i> ^{Town}		<i>Somerset</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	<i>4</i> ^{Month}	<i>3</i> ^{Day}	<i>82</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>	Birth- place <i>Worcester Mass</i>			
Occupation <i>House Wife</i>	Where Residing if not at place of death <i>Kingston Somerset Mass</i>				
Married, Single or Widowed	Name of Wife or Husband <i>Alex Robertson</i>				
Father's Name <i>William Riley</i>	Father's Birthplace <i>Worcester Mass</i>				
Mother's Maiden Name <i>Martha Purnell</i>	Mother's Birthplace <i>Mass</i>				
Name of person giving In formation <i>John S Robertson</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Old Age</i>	How long	<i>1 year</i>
Immediate	<i>"</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John C. Robertson</i>	
<i>yes</i>		Address <i>None in attendance</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

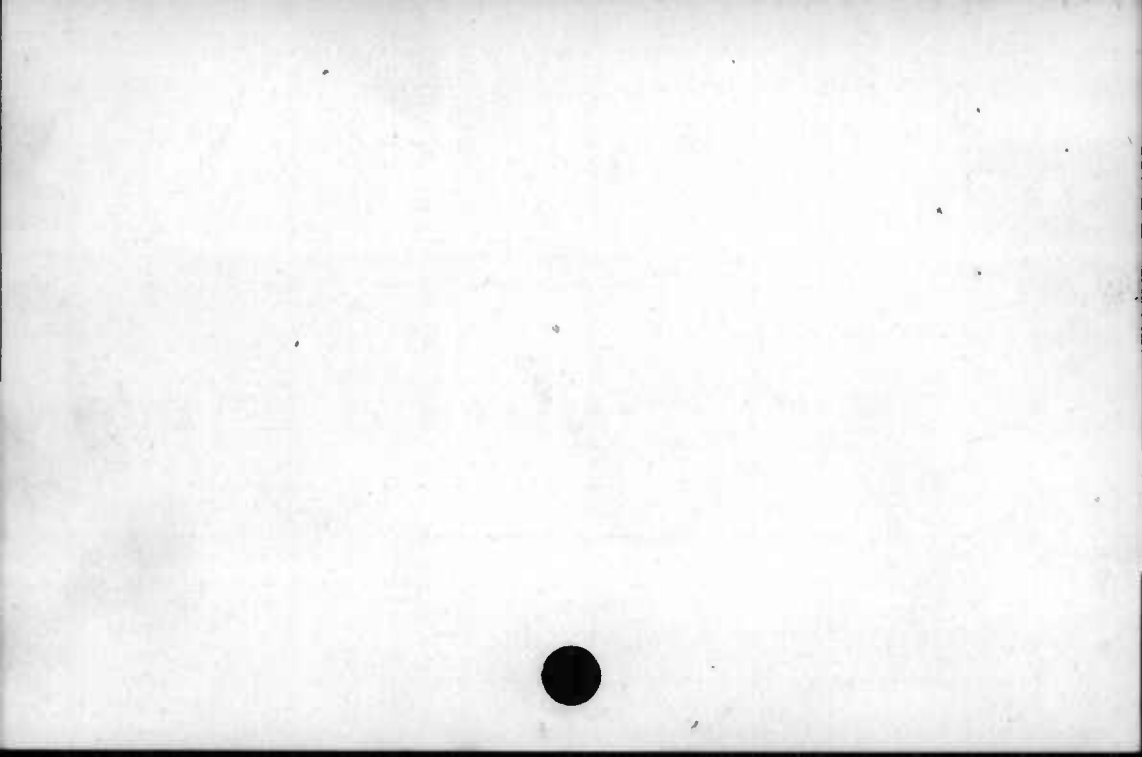
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Wt Vernon</i>		County <i>Inness</i>		MARYLAND	
Date of death	<i>1906</i>	Month <i>4</i>	Day <i>13</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>21</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Wt-Vernon</i>				
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed		Name of Wife or Husband <i>—</i>					
Father's Name <i>William W Simpkins</i>		Father's Birthplace <i>Wt-Vernon</i>					
Mother's Maiden Name <i>Mary Laurence</i>		Mother's Birthplace <i>Grapp</i>					
Name of person giving In formation <i>Wm W Simpkins</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bowel Trouble</i>	<i>(105)</i>	How long	<i>Two weeks</i>	
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>W H Pashill</i>		
			Address <i>Undertaker</i>		
Accident or Suicide?		<i>Wt. Vernon Md</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

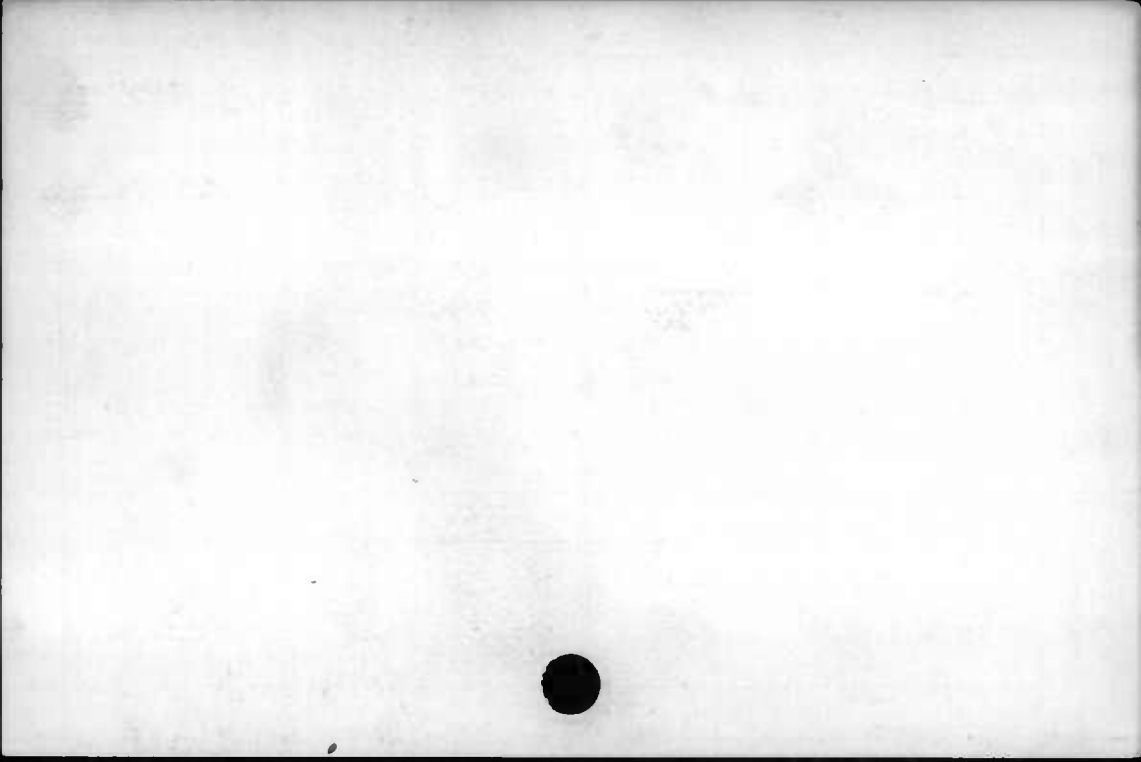
Died at *Mt Vernon* Town *Somerset* CountyDate of death *1906* *April* month *1* Day *30* Years Months DaysSex *female* Color or Race *colored* Birthplace *Mt Vernon*Occupation *Laborer* Where Residing if not at place of death " "Married, ~~Single~~ *Widowed* Name of ~~Wife or~~ Husband *Wm H Gilghman*Father's Name *John Waters* Father's Birthplace *Mt Vernon*Mother's Maiden Name *Esther Waters* Mother's Birthplace " "Name of person giving information *Wm H Gilghman* How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Aortic Insufficiency* *19* How long *1 year*Immediate *Asthma* How long *1 day*Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Henry M. Safford M.D.*Address *Princeton Avenue*Accident or Suicide? *No* *Med*

Dr Tankford

Name in Full		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND	
	Date of death		1906	4	26	Age	8	
	Sex		male		Color or Race		White	
	Occupation				Where Residing if not at place of death			
	Married, Single or Widowed		Single		Name of Wife or Husband			
	Father's Name		Hosie L. Webster		Father's Birthplace		ind	
	Mother's Maiden Name		Laura Webster		Mother's Birthplace		ind	
Name of person giving information		H. L. Webster		How related to deceased		Father		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Lobar Pneumonia followed by			How long		10 days.
	Immediate		Gastro-intestinal disturb. & asthma			How long		20 days.
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		J. G. Alexander		
				Address		Somerset		
Accident or Suicide?								



Name
in
Full

Aljah Whittinglow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Fairmount^{County} SomersetDate of death 1906 ^{Month} April^{Day} 15th ^{Years} Age 84^{Months}^{Days}

Sex Male

Color or
Race WhiteBirth-
place Somerset Co

Occupation Farmer

Where Residing if not
at place of death —~~Married~~
or WidowedName of Wife or
Husband —Father's
Name —Father's
Birthplace —Mother's
Maiden Name —Mother's
Birthplace —Name of person giving
In formation —How related
to deceased —

CAUSES OF DEATH

Primary —

How long —

Immediate

Senile Debility

154

How long

Several years

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

G. E. Dickinson

Address

Upper Fairmount
Md.

Accident or Suicide?

PHYSICIAN
OR CORONER

UPPER FAIR
APR
17
4
1900



Thos. W. Landon Esq.
Landonville
Md.

Name in Full <i>Augustiah H. Willing</i>		CERTIFICATE OF DEATH	
Died at <i>Chance</i> ^{Town}		<i>Somerset</i> ^{County}	
MARYLAND			
Date of death	1906	Month <i>apt.</i>	Day <i>31st</i>
Age <i>85</i>	Years	Months <i>2</i>	Days
Sex <i>male</i>	Color or Race <i>white</i>	Birth- place <i>Som. Co.</i>	
Occupation —		Where Residing if not at place of death —	
Married, Single or Widowed <i>widowed</i>		Name of Wife or Husband —	
Father's Name —		Father's Birthplace —	
Mother's Maiden Name —		Mother's Birthplace —	
Name of person giving information <i>Archib. Jones</i>		How related to deceased <i>Son-in-law</i>	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Pneumonia</i> ^{How long} <i>93</i> ^{How long} <i>2 weeks</i>	
	Immediate	<i>Exhaustion</i>	
	Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>J. W. Wiedersheim</i>
	Address <i>Dados Quaker</i> <i>Somerset Co. Md.</i>		
	Accident or Suicide?	<i>no</i>	

